

EL701463729US

April 25, 2001

APPROVED
PTO
ACCOUNT CHARGE
ACCOUNT NO. 04-1700

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB-0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 5820.603

First Inventor Weigel, et al.

Title IDENTIFICATION AND USES OF A HYALURONAN RECEPTOR FOR
ENDOCYTOSIS

Express Mail Label No. EL701463729US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 206]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description - Redline Specification ____ pgs
 - Claim(s) - Clean Specification ____ pgs
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 45]
5. Oath or Declaration [Total Pages]
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☒ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☒ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Petition to Accept Color Drawings (3 pages)

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information:

Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name Dunlap, Codding & Rogers, P.C.

Address 9400 North Broadway, Suite 420

City Oklahoma City State OK Zip Code 73114

Country USA Telephone (405) 478-5344 Fax (405) 478-5349

Name (Print/Type) Kathryn L. Hester, Ph.D. Registration No. (Attorney/Agent) 46,768

Signature [Signature] Date 4-25-01

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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April 25, 2001

APPROVED
PTO DEPOSIT ACCOUNT CHARGE
ACCOUNT # 04-1700

PTO/SB/17 (11-00)

Approved for use through 10/31/2002-OMB-0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 2408

Compleat if Kn wn

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Weigel et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	5820.603

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1700
Deposit Account Name Dunlap, Coddling & Rogers, P.C.☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☒ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	355
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 355

2. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below		Fee Paid
Independent Claims	87	-20** =	67	X	9	603
Multiple Dependent	36	-3** =	33	X	40	1320
						0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 1923

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	130
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 130

SUBMITTED BY

Name (Print/Type)	Kathryn L. Hester, Ph.D.	Registration No. (Attorney/Agent)	46,738	Telephone	(405) 478-5344
Signature		Date	04/25/2001		

Complete (if applicable)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEND TO: Box Patent Application
Commissioner for Patents, Washington, D.C. 20231

PTO FORM 0438 (04-2000)

Express Mail No. EL701463729US
Mailed: April 25, 2001

Practitioner's Docket No. 5820.603

PATENT

IN THE UNITED STATE PATENT AND TRADEMARK OFFICE

In re application of: Weigel et al.)
Application No.: Not Yet Assigned) Group No.:
Filed: Herewith) Examiner:
For: IDENTIFICATION AND USES OF A)
HYALURONAN RECEPTOR FOR)
ENDOCYTOSIS)

COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231
ATTN: DEPUTY ASSISTANT COMMISSIONER FOR PATENTS

PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS
(37 CFR § 1.84(a)(2) AND (b)(2))

1. This Petition is for the acceptance of color:

- ☒ drawings. (37 CFR § 1.84(a)(2))
☐ photographs (37 CFR § 1.84(b)(20))

2. Attached hereto are three (3) sets of color:

- ☒ drawings.
☐ photographs.

05/01/2001 JBALINAH 00000036 041700 09842930

01 FC:122 130.00 CH

3. The reason(s) for the need for color drawings or photographs in this application is/are as follows:

JC971 U.S. PTO
09/042930
04/25/01

#6

09842930 041700

Applicant: Weigel et al.
For: IDENTIFICATION AND USES OF A
HYALURONAN RECEPTOR FOR ENDOCYTOSIS
Docket No. 5820.603

Figs. 15, 17, 18, 26 and 32 are immunofluorescent slides in which the stain used to locate the HARE protein is red. When presented in black and white, it is impossible to delineate the red stain and therefore one cannot locate the HARE protein.

Figs. 28 and 35 are sequence alignments in which identical residues are highlighted in yellow, while conserved cysteine residues are shaded red. When presented in black and white, the red shading appears as a black box, and the residues in such box cannot be visualized.

4. The petition fee required to waive the requirement of § 1.84 (37 CFR § 1.17(i) - \$130.00) is paid as follows:

- ☐ Attached is a
- ☐ check
 - ☐ money order

in the amount of \$_____.

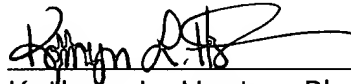
- ☒ Authorization is hereby made to charge the amount of \$130.00
- ☒ to Deposit Account No. 04-1700
 - ☐ to credit card as shown on the attached credit card information authorization form PTO-2038.

Applicant: Weigel et al.
For: IDENTIFICATION AND USES OF A
HYALURONAN RECEPTOR FOR ENDOCYTOSIS
Docket No. 5820.603

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

Respectfully submitted,



Kathryn L. Hester, Ph.D., Reg. No. 46,768
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Oklahoma City, Oklahoma 73114
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Agent for Applicant

5820.603